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REGISTRATION FORM

Please note: We are not able to process if registration is incomplete!

Name of Attendee/s: _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please use the address the bank uses for your agency's bankcard statements if paying by credit card

Contact Person: _____

Contact person will receive confirmation and receipt for payment

Phone: _____ Fax: _____

Email Address: _____

Payment Type: _____

Credit Card, Training Form, Government Check, Personal Check, Etc.

Credit Card No.: _____ Exp. Date: _____

Seminar Name: _____ Seminar Date & Time: _____

Total Cost of Seminar: _____ Amount Agency is Paying: _____

(Cost of All Above Attendees)

*Please note that there is a **two-week** cancellation policy; however, substitutions may be made at any time! For more information call Mary @ (503) 326-3010.*

COMPLETE & FAX TO 503-326-2070 OR E-MAIL to mcecilia@pcez.com